

ACADEMY NOMINATION RECOMMENDATION FORM
OFFICE OF SENATOR MIKE LEE

(To be completed by high school principal or guidance counselor, and returned to the address below.
PLEASE PRINT OR TYPE.)

Senator Michael Lee
Attn: Academy Nominations
125 S State Street, Suite 4225
Salt Lake City, UT 84138
(801) 524-5933

NAME OF ACADEMY APPLICANT _____
First Middle Last

APPLICANT' S ADDRESS _____

NAME OF SCHOOL _____

NAME OF COUNSELOR _____ SCHOOL PHONE _____

APPLICANT' S YEAR IN SCHOOL _____ GPA _____ CLASS RANK _____ of _____

SAT SCORES: Verbal _____ Math _____ ACT SCORES: English _____ Math _____
(If exams have not yet been taken, please indicate if applicant is scheduled to take one of the exams.)

SCHEDULED TO TAKE _____ EXAM ON _____

LEADERSHIP CHARACTERISTICS _____

OUTSTANDING PERSONALITY TRAITS _____

ABILITY TO WORK UNDER PRESSURE _____

ABILITY TO GET ALONG WITH OTHERS _____

LIST SCHOOL ACTIVITIES IN WHICH APPLICANT PARTICIPATES AND LEVEL OF
PARTICIPATION _____

GENERAL COMMENTS (Use an additional sheet or reverse of this form if necessary)

DATE _____ SIGNATURE _____

TITLE _____